

**BLAKELY
SOKOLOFF
TAYLOR &
ZAFMAN**

A LIMITED LIABILITY
PARTNERSHIP INCLUDING
LAW CORPORATIONS

1279 OAKMEAD PARKWAY
SUNNYVALE, CALIFORNIA 94085
(408) 720-8300 (Telephone)
(408) 720-8383 (Facsimile)

RECEIVED
CENTRAL FAX CENTER

NOV 03 2006

FACSIMILE TRANSMITTAL SHEET

Name: Doan, Duc T Art Unit: 2188
Fax Number: 571-273-8300
From: Michael Mallie Operator: Mike Mendoza
Date: November 2, 2006
Serial No.: 10/625,285
No. of pages: 4 (including cover sheet)

Client/Matter: 42390.P16384 Docket Date: NONE Atty: JRM

Dear Examiner:

Please find the following document(s) attached:

- 1) Change of Correspondence Address, Power of Attorney, and Revocation of Previous Powers (2 pages)
- 2) Transmittal Form (1 page)

| | |
|---|-------------------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below. | |
| By: <u>Mike Mendoza</u> | Date: <u>November 2, 2006</u> |

Thank you

CONFIDENTIALITY NOTE

The documents accompanying this facsimile transmission contain information from the law firm of Blakely Sokoloff Taylor & Zafman that is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

**IF YOU EXPERIENCE ANY DIFFICULTY IN RECEIVING THE ABOVE PAGES,
PLEASE CALL (408) 720-8300 AND ASK FOR THE OPERATOR NAMED ABOVE.**

How of 8 pages.


PTO/SB/21 (09-04)

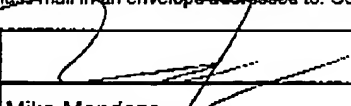
Approved for use through 07/31/2008. OMB 0851-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|----------------------|------------------------|--|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/625,285 | RECEIVED CENTRAL FAX CENTER NOV 03 2006 |
| | Filing Date | July 22, 2003 | |
| | First Named Inventor | Peter Munguia | |
| | Art Unit | 2188 | |
| | Examiner Name | Doan, Duc T | |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | 42P16384 |

| ENCLOSURES (Check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form (orig. & copy) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks Change of Correspondence Address, Power of Attorney, and Revocation of Previous Owners | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Blakely, Sokoloff, Taylor & Zafman LLP | | |
| Signature |  | | |
| Printed name | Michael Mallie | | |
| Date | November 2, 2006 | Reg. No. | 36,591 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|---|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature |  | | |
| Typed or printed name | Mike Mendoza | Date | November 2, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.